


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 004 ***150.00

DOCUMENT # P03000157427 1. Entity Name BOB CARDINAL, INC.																							
Principal Place of Business 695 E MINNEHAHA AVE CLERMONT, FL 34711			Mailing Address 695 E MINNEHAHA AVE CLERMONT, FL 34711																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																			
CARDINAL, ROBERT E 695 E MINNEHAHA AVE CLERMONT, FL 34711				Name																			
				Street Address (P.O. Box Number is Not Acceptable)																			
				City																			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 65%; padding: 2px;"> PTD CARDINAL, ROBERT E </td> <td style="width: 20%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">695 E MINNEHAHA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CLERMONT, FL 34711</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> </div> </div>						TITLE NAME	PTD CARDINAL, ROBERT E	<input type="checkbox"/> Delete	STREET ADDRESS	695 E MINNEHAHA AVE		CITY-ST-ZIP	CLERMONT, FL 34711		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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TITLE NAME	VSD CARDINAL, LYNNE A	<input type="checkbox"/> Delete																					
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CITY-ST-ZIP	CLERMONT, FL 34711																						
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01182008 Chg-P CR2E034 (12/06)

4. FEI Number **20-0547472** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #